

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 28, 1997

ALL COUNTY LETTER 97 - 11

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: IMPLEMENTATION OF THE RELOCATION FAMILY GRANT (RFG) PAYMENT IN THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM

REFERENCES: WELFARE AND INSTITUTIONS CODE (WIC) SECTION 11450.03
MPP SECTION 89-110.4

This letter provides the instructions, information and materials County Welfare Departments (CWDs) will need to implement the regulations governing Relocation Family Grant (RFG). Each county shall implement RFG by April 1, 1997.

Regulations in MPP Section 89-110.4 implement the provisions of WIC Section 11450.03 which restrict the grant amount to either the California computed grant, or the Maximum Aid Payment (MAP) amount from the prior state of residence (plus California special needs, if applicable) whichever is less. RFG provides that when an Assistance Unit (AU) does not contain any member who has lived in California for at least 12 consecutive months, the AU's grant will be determined on the basis of RFG. RFG will continue to apply until at least one member of the AU has resided in California for 12 consecutive months. RFG applies prospectively to applications filed on or after the date RFG is effective in the county.

BACKGROUND

Implementation of RFG was initially effective on December 1, 1992. With the case of Green v. Anderson, filed in the Sacramento U.S. District Court on December 21, 1992, the California State Department of Social Services (CDSS) was enjoined from ongoing

implementation. The Green case was appealed to the U.S. Supreme Court and dismissed as not ready for decision because the Beno v. Shalala case had previously invalidated that portion of the California Work Pays Demonstration Project waiver necessary to implement RFG. The RFG regulations now in effect, state: In accordance with the Green v. Anderson court order, this provision shall not be implemented until a determination by a court of appropriate jurisdiction allows such implementation.

The U.S. Department of Health and Human Services' certification of California's State Plan for Provision of Public Assistance Under the Personal Responsibility and Work Opportunity Act of 1996 dated October 9, 1996, and effective November 26, 1996, makes Welfare and Institutions Code Section 11450.03 operative and now provides CDSS with the necessary authority to proceed with implementation of RFG.

DISCUSSION/QUESTIONS AND ANSWERS/COMPUTATION EXAMPLES

ATTACHMENT 1 lists a series of questions and answers that have been developed to assist CWDs in implementing RFG regulations. Examples for computing and determining grant amounts under RFG are also included.

TABLE OF MAXIMUM AID PAYMENT (MAP) LEVELS FOR ALL STATES

ATTACHMENT 2 provides a table of state maximum benefit amounts by family size. The table must be used to compare the California computed grant amount for which an applicant is eligible to the MAP the applicant would have been eligible to receive had he/she continued to live in his/her prior state of residence.

FORMS

ATTACHMENT 3 provides a complete listing of all necessary forms and their use in implementing RFG regulations. Availability of state-produced stock for the English and, where appropriate, the Spanish version of the form is indicated. Camera-ready copies of the forms may be obtained by calling the Forms Management or Language Services Bureau as indicated below in the contact portion of this letter.

ATTACHMENT 4 provides a reproducible copy of TEMP 2136 entitled Relocation Family Grant - Supplemental Statement of Facts. Stock of the TEMP 2136 may be ordered from the CDSS Warehouse upon your receipt of the Notice of Change Form (GEN 127) that is issued when stock is available. The final TEMP 2136 will be printed back to back in English and Spanish.

NOTICES OF ACTION (NOAs) and NA FORMS

ATTACHMENT 5A provides two Notices of Action (NOAs) for use as the Approval and Change actions. Copies of the NOA messages in Cambodian, Chinese, Spanish and Vietnamese may be obtained upon request through the Language Services Bureau approximately 30 days from the date of this letter.

ATTACHMENT 5B provides copies of the NA forms in the Asian languages only may be obtained through the Language Services Bureau. Spanish versions of the NA forms are available through the Forms Management Bureau.

AUTOMATED TRACKING

Enhancements to MEDS for purposes of RFG online tracking are underway. Programming, however, may not be completed by the effective date. Until such time that online tracking is available, all RFG cases will need to be flagged manually. Identifying information must consist of the date the applicant moved to California, and name of the recipients prior state of residence.

CA 215 - NOTIFICATION OF INTERCOUNTY TRANSFER

When transferring an RFG case to another county, annotate on the Notification of Intercounty Transfer (CA 215) that the RFG rules apply, the name of the prior state and date that the RFG period expires.

CA 30 - AFDC BUDGET WORKSHEET

On Line C of the CA 30, the prior state's aid payment plus California's special needs payment must be figured in the comparison of the aid payment calculation.

CONTACTS

If you have any questions regarding this letter or need additional information, please contact the following staff:

Subject	Contact person	Telephone
Regulations/Implementation	Alison Garcia	(916) 654-0989 or CALNET 464-0989
Forms	Elizabeth Allred	(916) 657-3350 or CALNET 437-3350
NOAs/ NA Forms	Pam Kian	(916) 654-1801 or CALNET 464-1801
Camera-ready Copies English and Spanish	Forms Management	(916) 657-1907 or CALNET 437-1907
Translations	Language Services	(916) 654-1505 or CALNET 434-1305

Sincerely,



BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

Attachments

ATTACHMENT #1

RELOCATION FAMILY GRANT (RFG)

DISCUSSION/QUESTIONS AND ANSWERS/COMPUTATION EXAMPLES

The RFG Rule:

- o The RFG is the maximum amount of aid an AU can get when no member of the AU has resided in California for twelve consecutive months immediately prior to the date of application.
- o The RFG is the lesser of the California computed grant (see MPP 44-315.3) or the MAP of the former state of residence plus California special needs, if applicable.

Implementation:

- o Implementation of RFG will be effective April 1, 1997.
- o RFG applies prospectively to applicants for AFDC who apply on or after the date RFG is effective in his/her county of residence.
- o Recipients and those who have filed an application for AFDC prior to April 1, 1997 are unaffected by RFG rules.
- o Any applicant family who files an application for AFDC on or after the date RFG has been implemented in their county of residence must be evaluated for RFG.
- o Application of RFG is made after an applicant AU is determined eligible to receive cash aid in accordance with California AFDC regulations.
- o Effective January 1, 1997 California will have a four-tier MAP system (Region 1, Region 2, Exempt and Nonexempt). Determination of the correct California MAP as the basis of comparison with the applicant's prior state's MAP level is made on the basis of California region and after the CWD determines the AU's status as Exempt or Nonexempt.
- o Intercounty Transfers. During the 12 consecutive month RFG period, when an AU moves from Region 1 to Region 2, the regulations governing Regionalized Grants for AFDC apply as provided in the All County Letter No. 96-60 dated November 1, 1996. In general, the policy provides that County A (the sending County) is responsible for the eligibility and aid payment of the transferring AU during the transfer period. Prior to the end of the transfer period, County B (the receiving County) must redetermine eligibility for the AU. If eligible, County B will compute the appropriate California MAP level and compare to the MAP level from the recipient's prior state of residence.

RELOCATION FAMILY GRANT (RFG)
DISCUSSION/QUESTIONS AND ANSWERS/EXAMPLES (continued)
Attachment #1

QUESTIONS AND ANSWERS

1. **When computing the RFG period, does a partial month count as a full month when determining how many months a person has resided in California?**

Example: Person enters California on April 28th. Does the person get full credit for April?

Yes, a partial month counts as a full month. In the example, the person receives a full month credit for April.

2. **If a family has lived in California all their lives and then leaves California on March 1st, intending to reside in another state, and returns to California on April 15th, would RFG apply?**

No, because a full month's credit would be given for both March and April. The 12 consecutive month cycle is unbroken.

3. **If the family left California on January 29th, intending to reside in another state, and returned on April 15th, would RFG apply?**

RFG would apply for 12 full months because in April the family would not have resided in California for 12 consecutive months immediately prior to application. The 12 month consecutive cycle was broken in the months of February and March.

4. **If the AU member who has lived in California for the longest period of time leaves the AU, must RFG be redetermined?**

No. Application of RFG and the RFG period is determined when the AU is certified eligible for assistance. Therefore, even though the qualifying RFG member, who has lived in California the longest leaves the AU, the RFG time period would not be redetermined.

5. **Does RFG apply if children from another state move in with an unaided caretaker relative who is a California resident? (No other eligible children).**

Yes. RFG applies because the unaided caretaker is not a member of any AU, and the children have not resided in California for 12 consecutive months.

RELOCATION FAMILY GRANT (RFG)
DISCUSSION/QUESTIONS AND ANSWERS/EXAMPLES (continued)
Attachment #1

6. **In the above situation, could the unaided caretaker relative, who has lived in California for more than 12 months, request aid for herself for one month to avoid a RFG determination?**

Yes. To avoid the RFG determination, the unaided caretaker could request aid for herself, and if determined eligible be aided for one month. The children would be added to her AU.

7. **Do applicants have to verify that they have lived in the state for the past 12 months?**

Yes. The CWD must attempt to confirm where the applicant AU members have lived during the 12 consecutive months immediately prior to application. Absent documentary verification and absent conflicting information, the client's sworn statement will be sufficient.

However, once the CWD has confirmed that at least one applicant AU member has lived in California for the past 12 consecutive months, the verification process will cease.

8. **How is the last state of residence determined? (Example: The family has come through several states before arriving in California).**

The previous state of residence is established by determining in which state the family intended to reside. Example: Was the last state from which the family came the state in which they had established residency?

9. **A family moves to California from Oregon. Does RFG apply if the family was not on aid in Oregon?**

Yes. It does not matter if a family was on aid in the former state. RFG will apply until at least one member of the AU has resided in California for 12 consecutive months.

10. **Does RFG apply to applicants who have moved to California from another Country?**

No. RFG applies to applicants who have moved to California only from other states or U.S. Territories that have an AFDC Program.

RELOCATION FAMILY GRANT (RFG)
DISCUSSION/QUESTIONS AND ANSWERS/EXAMPLES (continued)
Attachment #1

11. **The RFG family applied on May 1st. What would an immediate need payment be if the California computed grant is \$475 and the MAP from the previous state was \$190?**

The payment would be the lesser of the California computed aid payment, the previous state's MAP, or the California maximum \$200 immediate need payment. In this situation, the immediate need payment is \$190 which is the maximum amount of aid the family would have been eligible to receive had they continued to reside in their prior state.

12. **When computing the RFG payment, is Homeless Assistance added to the former state MAP prior to the comparison with the California computed grant?**

No. Homeless Assistance, proration and overpayment adjustments are applied after the aid payment is determined.

13. **Homeless Assistance Permanent Housing payments, RISP payments and overpayment adjustments are all based on MAP amounts for a particular AU size. Which MAP is used to determine any of the above in an RFG case?**

Use the lesser of either the California MAP or the prior state's MAP in the computation.

14. **If a family moves to California and immediately applies for AFDC and has a 12 month RFG period, would the birth of a new baby in California make the family eligible to a California grant?**

No, neither the newborn nor any other member of the AU has lived in California for 12 consecutive months.

15. **In the above situation would the baby be subject to the regulations governing Maximum Family Grant (MFG)?**

If the AU has received aid in California for ten months prior to the baby's birth, then MFG does apply.

RELOCATION FAMILY GRANT (RFG)
DISCUSSION/QUESTIONS AND ANSWERS/EXAMPLES (continued)
Attachment #1

COMPUTATION EXAMPLES

EXAMPLE 1:

A family of two (mother and one child) moved to California (CA) from Arizona (AZ). The MAP for two in AZ is \$275. The MAP for two in CA Region 1 Nonexempt is \$456. The family has no income.

In this situation, compare the AZ MAP of \$275 to the CA MAP of \$456.

The RFG grant amount for the applicant AU is \$275; the lesser of the MAP allowable for an AU of two under the RFG rule.

EXAMPLE 2:

A family of two (mother and one child) moved to CA from AZ. The MAP for two in AZ is \$275. The MAP for two in CA Region 2 Nonexempt is \$434. MBSAC for an applicant AU of two in CA Region 2 is \$563; 185% of MBSAC is \$1041. Mom is receiving Unemployment Insurance Benefits (UIB) (out of state claim) in the amount of \$280 per month.

In this situation, the RFG is calculated as follows:

MBSAC for 2 (CA)	\$563
Net Nonexempt Income (NNI)	\$280
Potential Grant	\$283
CA MAP	\$434
CA Computed Grant	\$283
AZ MAP	\$275

In this situation, compare the CA Computed Grant amount of \$283 to the AZ MAP amount of \$275. The AU may receive a grant amount not to exceed \$275, which is the maximum amount of cash aid they would have been eligible to receive had they continued to reside in AZ.

RELOCATION FAMILY GRANT (RFG)
DISCUSSION/QUESTIONS AND ANSWERS/EXAMPLES (continued)
Attachment #1

EXAMPLE 3:

An AU of two (mother and one child) moved to CA from AZ. The MAP for two in AZ is \$275. The MAP for two in CA Region 2 Nonexempt is \$434. MBSAC for an applicant AU of two in CA Region 2 is \$563; 185% of MBSAC is \$1041. Mom is receiving UIB (out of state claim) in the amount of \$470 per month.

In this situation, the RFG is calculated as follows:

MBSAC for 2 (CA)	\$563
NNI	\$470
Potential Grant	\$ 93
CA MAP	\$434
CA Computed Grant	\$ 93
AZ MAP	\$275

In this situation, compare the CA Computed Grant amount of \$93 to the AZ MAP amount of \$275. The AU may receive a grant amount in CA not to exceed \$93, plus CA special needs.

If income changes, a new RFG computation is necessary.

RELOCATION FAMILY GRANT (RFG)
DISCUSSION/QUESTIONS AND ANSWERS/EXAMPLES (continued)
Attachment #1

EXAMPLE 4:

An AU of two (mother and one child) moved to CA from AZ. The MAP for two in AZ is \$275. The MAP for two in CA Region 2 Nonexempt is \$434. MBSAC for an applicant AU of two in CA Region 2 is \$563; 185% of MBSAC is \$1041. The family has no income. The AU has a recurring special need for which they are eligible to receive \$15.00.

In this situation, the RFG is calculated as follows:

MBSAC for 2 (CA)	\$563
CA Special Need Payment	+\$15
Potential Grant	\$578
CA MAP	\$434
CA Special Need Payment	+\$15
CA Computed Grant	\$449
AZ MAP	\$275
CA Special Need Payment	+\$15
AZ MAP Plus CA Special Need	\$290

In this situation, compare the CA Computed Grant amount (\$449), and the AZ MAP, plus CA special need payment (\$290). The AU may receive a grant amount not to exceed \$290.

ATTACHMENT #2 - MAP Table from Other States

AFDC TABLE OF STATE MAXIMUM BENEFIT AMOUNTS BY FAMILY SIZE

STATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Alabama	111	137	164	194	225	252	287	315	344	372	400	428	457	485	513	541	541	541
Alaska	514	821	923	1025	1127	1229	1331	1433	1535	1637	1739	1841	1943	2045	2147	2249	2351	2453
Arizona	204	275	347	418	489	561	632	703	775	846	917	988	1060	1131	1202	1274	1346	1416
Arkansas	81	162	204	247	286	331	373	415	457	457	457	457	457	457	457	457	457	457
Colorado	214	280	356	432	512	590	652	715	779	840	902	959	1016	1072	1129	1186	1243	1300
Connecticut	358	473	581	683	781	884	997	1102	1193	1304	1359	1489	1527	1643	1744	1799	1882	1966
Delaware	201	270	338	407	475	544	612	681	750	819	888	957	1026	1095	1164	1233	1302	1371
Dist. of Col	265	330	420	513	591	695	797	881	968	1053	1111	1194	1248	1316	1366	1434	1574	1610
Florida	180	241	303	364	426	487	549	610	671	733	795	857	919	981	1043	1105	1187	1229
Georgia	155	235	280	330	378	410	444	470	496	530	588	568	568	568	568	568	568	568
Hawaii	418	565	712	859	1006	1153	1300	1445	1593	1740	1887	2034	2181	2328	2475	2621	2767	2913
Idaho	205	251	317	382	448	513	579	645	710	776	841	906	971	1036	1101	1166	1231	1296
Illinois	212	283	382	424	495	560	589	624	855	689	725	761	801	842	886	931	979	1030
Indiana	139	229	288	346	405	483	522	580	639	697	762	827	892	957	1022	1087	1152	1217
Iowa	183	361	426	495	548	610	670	731	791	865	952	1039	1126	1213	1300	1387	1474	1561
Kansas	241	326	403	471	532	593	654	715	776	837	898	959	1020	1081	1142	1203	1264	1325
Kentucky	186	225	262	328	383	432	482	482	482	482	482	482	482	482	482	482	482	482
Louisiana	72	138	190	234	277	316	352	301	427	482	501	540	580	620	662	707	741	789
Maine	108	312	418	526	632	730	845	953	1060	1167	1274	1381	1488	1595	1702	1809	1916	2023
Maryland	165	202	373	450	521	573	645	709	766	826	886	946	1004	1063	1124	1184	1282	1342
Massachusetts	392	486	579	668	760	854	945	1037	1128	1220	1315	1410	1505	1600	1695	1790	1885	1980
Michigan	276	371	459	563	659	792	853	944	1020	1096	1172	1248	1324	1400	1476	1552	1628	1704
Minnesota	250	437	532	621	697	773	850	916	980	1035	1089	1142	1195	1248	1301	1354	1407	1450
Mississippi	60	96	120	144	168	192	215	240	264	288	312	336	360	384	408	432	456	480
Missouri	136	234	292	342	388	431	474	514	554	595	635	675	715	755	795	835	875	915
Montana	252	338	425	511	597	684	771	857	900	941	977	1013	1046	1076	1106	1132	1132	1132
Nebraska	222	293	364	435	506	577	648	719	790	861	932	1003	1074	1145	1216	1287	1358	1429
Nevada	229	288	348	408	468	527	587	647	706	766	826	885	945	1005	1065	1124	1184	1244
New Hampshire	414	481	550	613	673	754	817	910	962	1039	1126	1198	1265	1332	1399	1455	1533	1600
New Jersey	162	322	424	488	552	616	677	728	778	828	878	928	978	1028	1078	1128	1178	1228
New Mexico	227	304	381	458	534	611	688	764	841	918	995	1071	1148	1225	1302	1331	1360	1389
New York	327	429	524	619	716	787	901	979	1039	1099	1159	1219	1279	1339	1399	1459	1519	1579
North Carolina	181	236	272	297	324	349	373	386	406	430	448	473	496	521	546	571	596	621
North Dakota	223	333	431	517	591	653	702	739	776	813	850	887	924	961	998	1035	1072	1109
Ohio	203	279	341	421	493	549	613	680	748	816	881	949	1016	1082	1150	1234	1318	1402
Oklahoma	190	238	307	380	445	509	574	631	685	685	685	685	685	685	685	685	685	685
Oregon	310	395	460	565	680	755	840	925	985	1090	1195	1300	1405	1510	1615	1720	1825	1930
Pennsylvania	215	330	421	514	607	687	770	853	936	1019	1102	1185	1268	1351	1434	1517	1600	1683
Rhode Island	327	451	556	636	714	806	886	978	1050	1140	1220	1301	1383	1469	1550	1636	1722	1808
South Carolina	118	159	200	241	281	322	363	403	444	484	525	565	606	645	687	727	768	808
South Dakota	304	380	430	478	528	578	627	675	724	773	822	872	920	969	1018	1067	1115	1164
Tennessee	95	142	185	226	264	305	345	386	425	467	508	549	589	630	670	711	750	790
Texas	78	163	188	226	251	288	313	356	382	425	451	494	520	563	589	832	675	713
Utah	246	342	426	498	567	625	654	685	717	747	778	809	840	870	902	933	965	994
Vermont	449	553	656	738	827	884	953	1069	1148	1228	1307	1387	1466	1546	1625	1705	1784	1864
Virginia	174	257	322	388	457	509	570	638	692	754	815	876	937	998	1059	1120	1181	1242
Washington	349	440	546	642	740	841	971	1075	1075	1075	1075	1075	1075	1075	1075	1075	1075	1075
West Virginia	149	209	261	328	376	437	486	509	509	509	509	509	509	509	509	509	509	509
Wisconsin	249	440	518	618	709	766	830	879	921	943	963	983	1003	1023	1043	1063	1083	1103
Wyoming	195	320	360	390	450	510	575	640	700	765	777	789	801	813	825	837	849	881

ATTACHMENT #3 - Complete Listing of RFG Forms

FORMS USED TO IMPLEMENT RFG REGULATIONS

<u>Form Number</u>	<u>Revision Date</u>	<u>Form Name</u>	<u>Comments</u>	<u>Status of Stock</u>
BC CA 8 BC CA 8 (SP)	(11/92)	Statement of Facts for Additional Persons	Question #21 asks for RFG status	English and Spanish stock is in CDSS warehouse
CA 8A CA 8A (SP)	(2/95)	Statement of Facts to Add A Child Under Age 16	Use TEMP 2136 for RFG status	None; camera-ready only
JA 2 JA 2 (SP)	(2/97)	Statement of Facts for Cash Aid and Food Stamps	Question #8 asks for RFG status	Camera-ready for English available in 3/97 and Spanish at a later date; order stock from CDSS warehouse when GEN 127 is received
SAWS 2 SAWS 2 (SP)	(10/96)	Statement of Facts for Cash Aid, Food Stamps and/or Medi-Cal/State-Run County Medical Services Program (CMSP)	Use TEMP 2136 for RFG status	None; camera-ready only
TEMP 2136 Eng/Sp	(1/97)	Relocation Family Grant Supplemental Statement of Facts	Use with CA 8A and SAWS 2 for RFG status	Reproducible copy of English version is attached; order stock from CDSS warehouse when GEN 127 is received
CA 215	(9/96)	Notification Of Intercounty Transfer	Annotate RFG status when transferring case	None; camera-ready only
CA 30	(8/96)	AFDC Budget Worksheet	On line "C" incorporate RFG calculation	Stock is in CDSS warehouse

NOTICE OF ACTION FORMS/MESSAGES

NA 200	(1/97)	Multipurpose - Include Budget	Use with M44-316A & M44-316B messages	Reproducible copy is attached
NA 274C	(1/97)	Continuation Page - Overpayment Computations (for 9-1-91 and after)	Use when overpayment calculation must consider RFG rules	Reproducible copy is attached
M44-316A	(1/97)	RFG APPROVAL		
M44-316B	(1/97)	CHANGE, STOP RFG		

ATTACHMENT #4 - Reproducible Copy of TEMP 2136

RELOCATION FAMILY GRANT SUPPLEMENTAL STATEMENT OF FACTS

State law limits the amount of cash aid a family can get to either the Maximum Aid Payment amount from the State where they last lived or the cash aid figured for California, whichever is less. This law applies when no member of the family has lived in California for the last 12 months in a row. This limit on cash aid can apply up to 12 months.

There are cash aid penalties for giving wrong or incomplete facts, or for failing to report facts or situations which may affect an applicant's/recipient's eligibility or benefits.

INSTRUCTIONS: Print all answers in ink. If you need more space, write on the back of this form. If you need help, ask your worker.

COUNTY USE ONLY

Case Name: _____

Case Number: _____

Worker: _____

RELOCATION

Other State: _____

Other State MAP Level: \$ _____

RFG Months: FROM: _____

TO: _____

NAME OF PERSON APPLYING OR CARETAKER RELATIVE OF CHILD(REN) FOR WHOM AID IS WANTED.

SOCIAL SECURITY NUMBER

HAS ANYONE IN THE FAMILY LIVED IN CALIFORNIA FOR THE LAST 12 MONTHS IN A ROW?

☐ YES☐ NO

COMPLETE SECTION BELOW FOR EACH PERSON FOR WHOM YOU ARE APPLYING.

NAME	LAST OUT-OF-STATE RESIDENCE (CITY, STATE)	DATE ARRIVED IN CALIFORNIA

CERTIFICATION

I certify that I have been informed about the Relocation Family Grant as stated above.

I understand that all facts included in this form are subject to investigation and review by County, State and Federal personnel, and if I give wrong facts my cash aid may be changed, denied or stopped.

I declare under penalty of perjury, under the laws of the United States and the State of California that the information contained in this statement of facts is true, correct and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, OR AUTHORIZED REPRESENTATIVE)

DATE

SIGNATURE (OTHER PARENT LIVING IN THE HOME)

DATE

WITNESS, IF YOU SIGNED WITH AN "X"

DATE

COUNTY CERTIFICATION

I certify that I have informed the applicant/recipient or caretaker relative about the Relocation Family Grant as stated above.

ELIGIBILITY WORKER SIGNATURE

EW NUMBER

DATE

ATTACHMENT 5A

NOTICE OF ACTION (NOA) MESSAGES

M44-316A (1/97) - Relocation Family Grant: Approval

The M44-316A message was restructured for clarity. The message was also renumbered to reflect the new area of the regulations. (Prior number: M89-402A)

M44-316B (1/97) - Relocation Family Grant: Change

The M44-316B message was restructured for clarity. The message was also renumbered to reflect the new area of the regulations (Prior number: M89-402S)

FOR HOLDERS OF THE AFDC NOTICE OF ACTION HANDBOOK

- o M44-316A (1/97) Insert in the AFDC NOA Handbook. Replaces M89-402A dated 12/1/92.
- o M44-316B (1/97) Insert in the AFDC NOA Handbook. Replaces M89-402S dated 12/1/92.

State of California
Department of Social Services

Noa Msg Doc No.: M44-316A Page 1 of 1
Action : Approve
Issue: Application
Title: Relocation Family Grant

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-171.2, 44-315, 44-316,
44-317

Use Form No. : NA 200
Original Date : 12/01/92
Revision Date : 01/01/97

MESSAGE:

As of _____, the County has approved your cash aid and cash based Medi-Cal. Your first day of cash aid is _____. Your first Monthly Cash Aid Amount is \$_____.

Since no one in your assistance unit has lived in California for the last 12 months in a row, we must use the Maximum Aid amount of the state you lived in before, even if you were not getting cash aid.

Your cash aid is based on aid in the state of _____. This amount will be used to figure your cash aid for no more than ___ month(s).

Your cash aid is figured on this page.

INSTRUCTIONS: Use to approve cash aid figured using the rules for a Relocation Family Grant. In the body of the message, enter the prior state and amount and the number of months the RFG rule will apply.

This message replaces M89-402A dated 12/1/92.

file : pkian/MSERIES/rfg.44316a

State of California
Department of Social Services

Noa Msg Doc No.: M44-316B Page 1 of 1
Action : Change
Issue: Restriction stops
Title: Relocation Family Grant

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-316

Use Form No. : NA 200
Original Date : 12/01/92
Revision Date : 01/01/97

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

We no longer use the amount of aid in the
state of _____ to figure your cash aid.
We now use California's Maximum Aid amount.
At least one person in your assistance unit
has lived in California for the last 12
months in a row.

Your new cash aid is figured on this page.

INSTRUCTIONS: Use to change cash aid when the Relocation Family Grant
period ends. In the body of the message enter the prior state. This
message could also be used in conjunction with other messages, if more
than one reason caused the change. (adding a person, income, etc.)

This message replaces M89-402S dated 12/1/92.

file : pkian/MSERIES/rfg.44316b

ATTACHMENT 5B

NA FORMS

- o NA 200 (1/97) - MULTIPURPOSE - INCLUDE BUDGET
- o NA 274 C (1/97) CONTINUATION PAGE - OVERPAYMENT COMPUTATIONS (FOR 9/1/91 AND AFTER)

STOCK

The computation section of the NA 200 is “generic” in the sense that a large variety of messages have been designated for placement on the “blank” NA 200 form. Thus, counties should take note that all forms or formats that they have developed, based on the NA 200, are affected by this revision, and must be changed accordingly.

A message using this generic computation must use the latest revision (1/97) when providing notice to Relocation Family Grant cases. For all other uses, counties may continue using the (4/94) version of the NA 200 and the (7/96) version of the NA 274C until current stock is exhausted.

FOR HOLDERS OF THE AFDC NOTICE OF ACTION HANDBOOK

File the NA forms and instructions in Section 5 of your AFDC NOA Handbook. Remove prior versions.

DESCRIPTION OF CHANGES

The NA 200 was revised to accommodate the Relocation Family Grant computation. Additional modifications were also made to address recent changes to other areas of the regulations.

Changes to Section A:

- o “Child/Spousal” was inserted between “Court Ordered” and “Support” for consistency with other forms recently revised. “You” was also deleted from this same line.
- o Inserted “Unmet Needs of Ineligible Alien Child(ren)” line under “Court Ordered Child/Spousal Support Paid”.

Changes to Section B:

- o On Line 8, included a reference to Line "14" so as to read: "(Lowest Amount on Line 4, 7, or 14)".
- o Lines 12, 13, and 14 have been added to show components of the new Relocation Family Grant computation.

Due to major revisions a few months prior, the NA 274 C was revised only to accommodate the Relocation Family Grant computation.

- o Inserted the following formula between "Subtotal B" and "Correct Cash Aid Amount":

"Other State's MAP	\$ _____
"Special Needs (California)	+ _____
"Subtotal C	= _____
- o Changed "(Lesser of Subtotal A or B)" to "(Lesser of Subtotal A, B or C)".
- o Under Section D Overpayment, changed the Subtotal "C" to "D" and the Subtotal "D" to "E".
- o Changed "(Lesser of Subtotal C or D)" to "(Lesser of Subtotal D or E)".

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

(Continued)

Overpayment Amount Owed
(For Overpayments Occurring on or after 9-1-91)

Notice Date : _____
Case : _____
Name : _____
Number : _____

Overpayment Month and Year: _____

(A) Family Gross Income

_____	\$	_____	_____	_____	_____
_____	+	_____	_____	_____	_____
Total Gross Income (1)	=	_____	_____	_____	_____
Basic Need for _____ Persons	\$	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____
Total Needs	=	_____	_____	_____	_____
	X	1.85	_____	_____	_____
185% of Needs (2)	=	_____	_____	_____	_____

If (1) is larger than (2), you were not eligible in that month and all the cash aid you got is an overpayment. The amount of your overpayment is figured below.

(B) Net Countable Income

Total Earned Income	\$	_____	_____	_____	_____
Work Expense Disregard	-	_____	_____	_____	_____
\$30 and 1/3 Disregard	-	_____	_____	_____	_____
Subtotal	=	_____	_____	_____	_____
Dependent Care Disregard	-	_____	_____	_____	_____
Other Countable Income (List Sources)		_____	_____	_____	_____
_____	+	_____	_____	_____	_____
_____	+	_____	_____	_____	_____
Court Ordered Child/Spousal Support Paid	-	_____	_____	_____	_____
Unmet Needs of Ineligible Alien Child(ren)	-	_____	_____	_____	_____
Net Countable Income	=	_____	_____	_____	_____

(C) Correct Cash Aid Payment

Basic Need Amount (# persons) \$ Amount	()	()	()	()	()
Special Needs	+	_____	_____	_____	_____
Net Countable Income	-	_____	_____	_____	_____
Subtotal A	=	_____	_____	_____	_____
Maximum Aid Payment (MAP)	\$	_____	_____	_____	_____
Special Needs	+	_____	_____	_____	_____
Subtotal B	=	_____	_____	_____	_____
Other State's MAP	\$	_____	_____	_____	_____
Special Needs (California)	+	_____	_____	_____	_____
Subtotal C	=	_____	_____	_____	_____

Correct Cash Aid Amount

(Lesser of Subtotal A, B or C) \$ _____

(D) Overpayment

Cash Aid Paid to You	\$	_____	_____	_____	_____
Correct Cash Aid Amount	-	_____	_____	_____	_____
Subtotal D	=	_____	_____	_____	_____
Cash Aid Paid to You	\$	_____	_____	_____	_____
Support Payments Collected for You	-	_____	_____	_____	_____
Subtotal E	=	_____	_____	_____	_____
Amount of Overpayment for Each Month	=	_____	_____	_____	_____
(Lesser of Subtotal D or E)		_____	_____	_____	_____

TOTAL OVERPAYMENT (All Months) \$ _____

Rules: These rules apply; you may review them at your Welfare Office: MPP 44-352.12

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of Page 1 tells how.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income..... \$ _____
Work Expense Disregard..... - _____
\$30 and 1/3 Disregard..... - _____
Dependent Care Disregard..... - _____
Other Countable Income -- Sources:
_____ + _____
_____ + _____
Court Ordered Child/Spousal Support Paid..... - _____
Unmet Needs of Ineligible Alien Child(ren)..... - _____
Net Countable Income..... = _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons..... \$ _____
2. Special Needs..... + _____
3. Net Countable Income from Section A..... - _____
4. Basic Need Subtotal..... =

5. Maximum Aid, _____ Persons..... \$ _____
6. Special Needs..... + _____
7. Maximum Aid Subtotal..... =
8. **Full Month Aid Subtotal**
(Lowest Amount on Line 4, 7 or 14)..... = _____
9. Line 8 Prorated for Part of Month..... = _____
10. Adjustments: Collect Overpayment..... - _____
10a. Cal-Learn Penalty..... - _____
10b. Cal-Learn Bonus..... + _____
11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted)..... = _____
=====

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

12. Other State's Maximum Aid, _____ Persons \$ _____
13. Special Needs (California)..... + _____
14. Other State Subtotal..... =